

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

**10/518038**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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6		/		/		
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26		/		/		
27		/		/		
28		/		/		
29	/		/			
30		/		/		
31		2		1		
32	/	2		1		
33		1	/			
34		1		/		
35		2		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		1	/			
41		1		/		
42		/		/		
43	/			/		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	42		36			
TOTAL CLAIMS	46		40			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						